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APPLICATION NO. FILING DATE FIRST NAMED DIVIDENCE ATTORMEY DOCKET NO. CONFERMATION NO. O9/690,574 1017/2000 Mike Daily HRLOH 3531 TITLE OP INVENTION: AUDIO ON LOCATION APPLICATION AUDIO ON LOCATION Mike Daily HRLOH 3531 APPLICATION AUDIO ON LOCATION APPLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE anagrovisional NO \$1770 \$0 \$0 \$0 \$1770 \$02/20/2013 EXAMINER ART UNIT CLASS-SUBCLASS FERGUSON, KEITH 2648 455-461000 1. Change of correspondence address or indication of Tee Address' (17 CFR 1.33). CRASS-SUBCLASS 2. Per printing on the patent front page, list (1) the name of and up to 3 registered patent attorneys or signate of the patent front page, list (1) the name of and up to 3 registered patent attorneys or signate of the patent front page, list (1) the name of and up to 3 registered patent attorneys or signate of the patent front page, list (1) the name of and up to 3 registered patent attorneys or signate of the patent front page, list (1) the name of up to 3 registered patent attorneys or signate of the patent front page, list (1) the name of up to 3 registered patent attorneys or signate of the page of the pa	TOPE-MCKAY 30765 PACIFIC	Y & ASSOCIATI COAST HIGHWA	,	Certificate of Mailing or Transmission I hereby certify that this Pec(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an addressed to the Mail Stop ISSUE FEE address above, or being					
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Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered altowey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1.2 (2) the name of a single firm (having as a member a registered altowey or agents. If no name is 3. ASSIGNEB NAME AND RESIDENCE DATA TO DE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignce data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEB (B) RESIDENCE: (CITY and STATE OR COUNTRY) HRL Laboratories, LLC Malibu, CA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Or Government at the following fee(s) are submitted: (B) Payment of Fee(s): (Please first reapply any previously paid issue fee ahown above) (C) Payment by credit card. Form PTO-2038 is attached. (C) Payment by credit card. Form PTO-2038 is attached. (C) The Director is hereby nuthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1984 (enclose an extra copy of this form).	1. Change of correspondence address or indication of "Fee Address" (37				2. Por printing on the patent front page, list				
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group eatity Government A. The following fee(s) are submitted: A. The following fee(s) are submitted: A. Check is enclosed. Publication Fee (No small entity discount permitted) A check is enclosed. Payment of Fee(s): (Please first reapply any previously puid Issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Advance Order • # of Copies	(A) NAME OF ASSIGN	NER			(B) RESIDENCE: (CITY	and STATE OR C	OUNTRY	ሃን	
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Registration No. 60,770

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